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41696 7590 09/26/2008

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<i>NANCY RUSHION</i>	(Depositor's name)
<i>nancy Rushion</i>	(Signature)
<i>12/22/2008</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/791,092	03/01/2004	Clifford Teoh	03-277 (US01)	2462

TITLE OF INVENTION: VASO-OCCCLUSIVE COILS WITH NON-OVERLAPPING SECTIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$140 \$1510	\$300	\$0	\$1740 \$1810	12/26/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				

TRUONG, KEVIN THAO 3734 606-113000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<i>VISTA IP LAW GROUP LLP</i>
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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BOSTON SCIENTIFIC SCIMED, INC. MAPLE GROVE, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *David T. Burse*

Date *12-22-08*

Typed or printed name *DAVID T. BURSE*

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